

DIVISION OF STATE COURT ADMINISTRATION
115 W. WASHINGTON STREET, SUITE 1080
INDIANAPOLIS, IN 46204-3466

CLAIM FOR SERVICES AS SPECIAL JUDGE

Voucher No. _____

Name: _____

Address: _____

City and State: _____

Social Security No.: _____

or

Federal ID No.: _____

PRIVACY NOTICE: Your Social Security or Federal ID
Number is requested as the Auditor of State must
comply with Federal IRS requirements. (IC 4-1-8)

FOR DIVISION USE

TOTAL FEES \$ _____
(from reverse side)
Pay Period Ending _____

DIVISION'S CERTIFICATION

I certify this claim is correct, it is a proper charge against the
agency and account number indicated and payment thereof
is authorized.

Division of State Court Administration

Date

FOR DIVISION USE

Account No. 1000-100360

Agency: Supreme Court

Appropriation Name: Special Judge

Object Amount (Travel from reverse side)

.801 \$ _____ Mileage

.802 \$ _____ Reimbursable Expenses

Total \$ _____ (Paid for Travel)

Pre-audited by: _____

CLAIMANT'S CERTIFICATION

I hereby certify that the foregoing account is just and correct,
that the amount claimed is legally due, after allowing all just
credits, and that no part of the same has been paid. (IC 5-11-
10-1)

Claimant

Date

INSTRUCTIONS

1. List services in chronological order.
2. All claims for covered period must be included.
3. Claims must be filed within ninety (90) days. Ind. Admin. R. 5(A)(3).
4. Attach original receipts when reimbursable expenses are claimed.
5. NOTE: Separate state warrants (checks) will be issued for fees and travel expenses.

Period Covered: _____, 20____ to _____, 20____

[illegible]

Division use only

Total Fees		Total Miles	Mileage Reimbursement	Total Reimbursable	
				Expenses	
	x\$25.00		x\$.40		